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IO23144
-001

August 11, 2011

FedEx: 8764 6159 0262

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Dear Sir/ Madame:

In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on August 11, 2011.

Enclosed please find the following item:

- 1.) Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-26971719)

If you should have any questions regarding this matter, please do not hesitate to contact me at 920-326-2461 or by email at jseifert@neogen.com.

Best Regards,
HACCO, Inc.

Jennifer L. Seifert
Manager, Regulatory Affairs

Enclosures

JJS/dmg

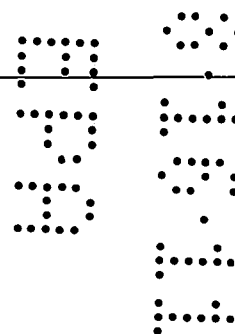


Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: [REDACTED]		Submission date:	Contact person (if different than reporter)	Internal ID 1-26971719		
	Address: <i>Wisconsin</i>			Address:			
	Phone #: [REDACTED]			Phone #:			
	Incident Status: <i>New</i>	Location and date of incident <i>Wisconsin</i> <i>07/21/2011</i>		Date registrant became aware of incident: <i>7/28/2011</i>	Was incident part of larger study?		
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>61282-50</i>		EPA Registration # (Product 2)		EPA Registration # (Product 3)		
	A.I. (s) <i>Zinc Phosphide</i>		A.I. (s)		A.I. (s)		
	Product 1 Name <i>Prozap Mole & Gopher Pelleted Bait</i>		Product 2 Name		Product 3 Name		
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?		
	Formulation		Formulation		Formulation		
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Own Residence</i>			Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>		
	Applicator certified PCO? <i>Not applicable</i>						
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>						

Personal privacy information

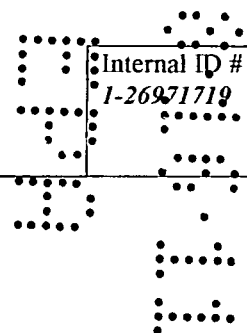


Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>75 Years</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Chest Pain (inc non-cardia), 15 min or less;</i> <i>Diarrhea, 15 min or less;</i> <i>Muscle weakness, 15 min or less;</i> <i>Shortness of breath, 15 min or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)



*7/28/2011 11:03:43 AM Prozap Mole and Gopher Repellant Bait
EPA: 61282-50*

Hx: The caller says about one week ago he was pouring this product and it was really dusty and he inhaled the product. The caller says it did not make him feel good. His symptoms included chest pain, shortness of breath, diarrhea, and weakness. Symptoms lasted for about a week and now he feels better. He did not seek medical care. The caller says he is 75-years old and is a retired truck driver. He states he has transported lots of poisons in his life and his call today was to address the label. The caller suggests that a skull and crossbones be added to the package.

A: - Product is considered very toxic.

- Inhalation: Moderate exposure causes weakness, vomiting, pain just above the stomach, chest pain, diarrhea and dyspnea.

- There is no antidote. Treatment is entirely symptomatic and supportive. If you continue to have any symptoms recommend an evaluation from your healthcare provider.

- I will document your concerns about the labeling.

- Please call back if any additional concerns or questions arise.

7/28/2011 11:21:37 AM reviewed

